

BUILDING DEPARTMENT 12453 Hwy 92 Ste 105 Woodstock, GA 30188 Phone: 770-592-6036

www.woodstockga.gov

BLASTING PERMIT APPLICATION

woodstockbuilding@woodstockga.gov SUBMITTAL DATE:

	PLEASE	TYPE OR PRINT		PERMIT NO.:
PROJECT INFORMATION:				
Address:	Z	P:	_ COUNT	y: <u>Cherokee</u>
OWNER INFORMATION:				
Name:	PHONE: _			
Email:				
Address:				
ALTERNATE OWNER CONTACT (OPT	ONAL): NAME:	PHONE	:	
CONTRACTOR INFORMATION:				
COMPANY NAME:				
CONTACT NAME:				
Address:				
EMAIL:P				
	ST ON ACCESSMY IRED FOR ACCES 30 DAYS, SHOULD A THE BUILDING OFFI	SED LOCATION OF ALL OO. THE CITY OF WO GOV.COM AT LEAST SMYGOV.COM — N EXTENSION BE NE	ODSTOC 7 24 HOU SEE CL EDED YO	K REQUIRES THE BLASTING IRS BEFORE THE BLASTING IS TO ERK FOR DETAILS) DU MUST SUBMIT, IN WRITING, A
	APPLICAN	T'S AFFIDAVIT		
Application is hereby made to obtain a commenced prior to the issuance of a pe in the City of Woodstock. I understand conditioning, pools, signs, etc.	rmit and that all work wi	Il be performed to mee	t the stan	dards of all laws regulating construction
I certify that all the foregoing information regulating construction and zoning.	is accurate and all wo	ork will be done in con	npliance v	vith all applicable laws and ordinances
APPLICANTS NAME (PLEASE PRINT)	SIGNATURE	OWNER .	AGENT	CONTRACTOR TENANT
Application reviewed by:	Date:	Approved by:		Date: